

Incontinence Supplies

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Definition

Incontinence Supplies are diapers, briefs (protective underwear), incontinence pads (liners), under pads, wipes, and gloves needed by a HASCI Waiver participant age 21 years or older who is certified by a physician to be incontinent of bladder and/or bowel. It is an Extended State Plan Service to allow additional items above limits of the Medicaid State Plan.

Service Unit

If funded by the HASCI Waiver, the following service units apply to Incontinence Supplies:

Diapers	case	(96 diapers)
Briefs (Protective Underwear)	case	(80 briefs)
Incontinence Pads (Liners)	case	(130 pads)
Under Pads	case	(medium 200 pads; large-150 pads)
Wipes	box	(70 wipes)
Gloves	box	(100 gloves)

For rate information, refer to the SCDHHS website: www.scdhhs.gov >Homepage >For Providers >Fee Schedules >Incontinence Supplies.

Service Limit / Restrictions

The **Medicaid State Plan** allows the following incontinence supplies for adults age 21 years and older who meet medical necessity criteria:

Diapers, Briefs, Incontinence Pads, and Under Pads

- Occasional Incontinence: one (1) case per quarter
- Frequent Incontinence: two (2) cases per quarter
- Total Incontinence: one (1) case per month

Wipes and Gloves

- Occasional Incontinence: one (1) box per quarter
- Frequent Incontinence: two (2) boxes per quarter
- Total Incontinence: one (1) box per month

A HASCI Waiver participant who has Occasional Incontinence will have supply needs met within above limits of the Medicaid State Plan. Incontinence Supplies funded by the HASCI Waiver cannot be accessed until after the limit indicated above has been reached for such items available under the Medicaid State Plan.

The following criteria must be met by a participant in order to receive Incontinence Supplies funded by a combination of Medicaid State Plan and HASCI Waiver:

- Be age 21 years or older
- Have a valid *Physician Certification of Incontinence* (DHHS Form 168IS)
- Be assessed to determine amount and frequency of items that are authorized

For a participant with Frequent or Total Incontinence, after the limits have been reached for supplies funded by Medicaid State Plan, the HASCI Waiver can fund additional Incontinence Supplies up to the following limits:

Diapers	two (2) cases per month
Briefs	two (2) cases per month
Incontinence Pads	two (2) cases per month
Under Pads	two (2) cases per month
Wipes	eight (8) boxes per month
Gloves	four (4) boxes per month

Providers

Incontinence Supplies funded by Medicaid State Plan and HASCI Waiver must be provided by a vendor that is enrolled with SCDHHS as an Incontinence Supply (IS) provider.

Arranging and Authorizing the Service

When it is determined that a HASCI Waiver participant age 21 years or older is incontinent of bladder and/or bowel and requires incontinence supplies in addition to what is available under Medicaid State Plan, need must be clearly documented in his or her Support Plan.

To document medical necessity for incontinence supplies funded by Medicaid, the Service Coordinator must obtain a *Physician Certification of Incontinence (DHHS Form 168IS)* completed by the participant's primary care physician. *This form can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* It is required before the service is initiated and at least annually thereafter. A current form (completed within the previous 12 months) must be maintained in the participant's file.

After medical necessity for incontinence supplies is documented, the Service Coordinator must conduct an assessment to determine the type and frequency of incontinence that the participant experiences and the type of supplies, amount, and frequency to be authorized within the allowed limits.

This assessment is required before the service is initiated or if there is a change in what is authorized. It may be done in person or by telephone with the participant and/or caregiver. The results must be recorded on an *Incontinence Supply Assessment* form. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* A current completed form must be maintained in the participant's file.

The *Incontinence Supply Assessment* form must document the type and frequency of incontinence experienced by the participant:

Occasional Incontinence (*Voluntary control most of the time*)

- Bladder: approximately 2 times per week or less
- Bowel: approximately once per week

Frequent Incontinence (*Limited voluntary control*)

- Bladder: approximately 3 to 6 times per week or more
- Bowel: approximately 2 to 3 times per week or more

Total Incontinence (*No voluntary control*)

- Bladder: always
- Bowel: always

Based upon type and frequency of incontinence, type of supplies requested, and reasonable actual utilization, the Service Coordinator must determine the types of supplies, frequency, and amount to be authorized within the allowed limits.

- A participant who has Occasional Incontinence will have supply needs met within the limits of the Medicaid State Plan.
- A participant who has Frequent Incontinence or Total Incontinence can access additional supplies through the HASCI Waiver within the designated limits based on frequency of incontinence and reasonable actual utilization.
- Wipes and gloves may only be authorized for meeting incontinence needs of the participant, and not for general hygiene or other purposes.
- A participant who has an ostomy/indwelling catheter or who uses external catheters may be authorized for diapers, briefs, or incontinence pads within the designated limits based on actual need and utilization.

Justification of need for diapers, briefs, or incontinence pads must be clearly documented in the participant's Support Plan (e.g. colostomy or indwelling catheter that leaks, accidents from inability to maintain sufficient routine external catheterizations, etc.). The amount and frequency of these supplies must also be specifically justified and documented in the Support Plan.

- A participant who has an ostomy/indwelling catheter or who uses external catheters requiring use of wipes, gloves, and underpads may be authorized for these within the designated limits based on actual need and utilization, even if diapers, briefs, or incontinence pads are not authorized. The need, amount, and frequency of these supplies must be specifically justified and documented in the participant's Support Plan.
- A participant who has a routine bowel program requiring use of wipes, gloves, and underpads may be authorized for these within the designated limits based on justified need and actual utilization, even if diapers or briefs are not authorized. The need, amount and frequency of these supplies must be specifically justified and documented in the participant's Support Plan.

Following the assessment, to obtain Incontinence Supplies funded solely by Medicaid State Plan or additional supplies funded by HASCI Waiver, the participant or representative must be offered choice of a provider. Offering of provider choice and the provider selected must be clearly documented in a Service Note.

After the provider of Incontinence Supplies is determined, the participant's Support Plan must be updated to reflect the name of the service and payer(s), type, amount, and frequency of all incontinence supplies, duration of the service, and provider type. This must be done for all supplies obtained through Medicaid State Plan and HASCI Waiver.

Budget information only for Incontinence Supplies funded by HASCI Waiver must then be entered into the Waiver Tracking System (WTS). An *"Incontinence Supply Calculator"* is available to assist in determining budget amounts for supplies obtained through the HASCI Waiver. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* Service information must be entered into the Service Tracking System (STS).

To initiate the service following WTS processing, authorization must be forwarded to the provider using *Authorization for Incontinence Supplies for Adults* (HASCI Form 12-ISA). *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* A copy must be maintained in the participant's file.

Billing

The service must be Direct-billed to SCDHHS. This is indicated on the HASCI Form 12-ISA; a prior authorization number must be assigned.

Monitorship

If the participant is receiving Incontinence Supplies funded solely by Medicaid State Plan, this is addressed in routine Service Coordination monitoring during required bi-monthly contacts with the participant/representative and face-to-face visits with the participant at least every 180 days to monitor his or her Support Plan and health status.

The Service Coordinator must monitor provision of each HASCI Waiver service received by a participant to:

- verify the service is being provided as authorized,
- assure the usefulness and effectiveness of the service,
- determine the participant's and/or representative's satisfaction with the service and service provider(s), and
- confirm health status and safety of the participant.

Monitorship includes:

- Contact with the participant and/or representative within two (2) weeks after beginning the service or beginning with a new provider of the service,
- Contact with the participant and/or representative at least bi-monthly (every other month),
- Contact with service providers as necessary to confirm health status and safety of the participant and appropriate provision of authorized services,
- Face-to-face visit with the participant at least every six (6) months (180 days), and
- Review of the participant's Support Plan as often as needed, but at least every six (6) months (180 days).

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Service Notes. Information obtained during monitoring may lead to changes in authorized HASCI Waiver services, such as increased/decreased units, change of provider, or change to a more appropriate service.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated and budget information in the Waiver Tracking System (WTS) must be adjusted accordingly. For service reduction or termination, excess or unused units must be deleted from the budget. Service information in the Service Tracking System (STS) must be updated as necessary.

Incontinence Supplies for Children Funded through Medicaid State Plan for HASCI Waiver Participants Under Age 21 Years

The Medicaid State Plan covers all medically necessary Incontinence Supplies for any HASCI Waiver participant age 4-20 years; however, authorization must be completed by the HASCI Service Coordinator.

Definition

Incontinence Supplies are diapers, briefs (protective underwear), incontinence pads, (liners), under pads, wipes, and gloves needed by a child age 4-20 years who is certified by a physician to be incontinent of bladder and/or bowel.

Service Unit

The following service units apply to Incontinence Supplies funded by Medicaid State Plan:

Diapers	case	(96 diapers)
Briefs (Protective Underwear)	case	(80 briefs)
Incontinence Pads (Liners)	case	(130 pads)
Under Pads	case	(medium: 200 pads; large: 150 pads)
Wipes	box	(70 wipes)
Gloves	box	(100 gloves)

For rate information, refer to the SCDHHS website: www.scdhhs.gov >Homepage >For Providers >Fee Schedules >Incontinence Supplies.

Service Limit / Restrictions

The **Medicaid State Plan** allows the following incontinence supplies for children under age 21 years who meet medical necessity criteria:

Diapers, Briefs, Incontinence Pads, and Under Pads

- Occasional Incontinence: one (1) case per quarter
- Frequent Incontinence: two (2) cases per quarter
- Total Incontinence: one (1) case per month

Wipes and Gloves

- Occasional Incontinence: one (1) box per quarter
- Frequent Incontinence: two (2) boxes per quarter
- Total Incontinence: one (1) box per month

The above limits may be exceeded only with sufficient justification based upon documented medical necessity and reasonable actual utilization. Requests for additional supplies must be considered by the Service Coordinator on an individual case basis. The Service Coordinator must thoroughly document the justification for additional supplies in a Service Note and/or with other documentation in the participant's file.

The following criteria must be met by a HASCI Waiver participant under age 21 years in order to receive Incontinence Supplies funded by solely by the Medicaid State Plan:

- Be age 4-20 years
- Have a valid *Physician Certification of Incontinence* (DHHS Form 168IS)
- Be assessed to determine type, amount, and frequency of items to be authorized by the participant's Service Coordinator.

Providers

Incontinence Supplies funded by Medicaid State Plan must be provided by a vendor that is enrolled with SCDHHS as an Incontinence Supply (IS) provider.

Arranging and Authorizing the Service

When it is determined that a HASCI Waiver participant age 4-20 years is incontinent of bladder and/or bowel and requires incontinence supplies under Medicaid State Plan, the need must be clearly documented the Support Plan.

To document medical necessity for incontinence supplies funded by Medicaid, the Service Coordinator must obtain a *Physician Certification of Incontinence (DHHS Form 168IS)* completed by the participant's primary care physician. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* It is required before the service is initiated and at least annually thereafter. A current form (completed within the previous 12 months) must be maintained in the participant's file.

After medical necessity for incontinence supplies is documented, the Service Coordinator must conduct an assessment to determine the type and frequency of incontinence that the child experiences and the type of supplies, amount, and frequency to be authorized. This assessment is required before the service is initiated or if there is a change in what is authorized. It may be done in person or by telephone with the participant (if 18 years or older), and/or caregiver. The results must be recorded on an *Incontinence Supply Assessment* form. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* A current completed form must be maintained in the participant's file.

The *Incontinence Supply Assessment* form must document the type and frequency of incontinence experienced by the participant:

Occasional Incontinence (*Voluntary control most of the time*)

- Bladder: approximately 2 times per week or less
- Bowel: approximately once per week

Frequent Incontinence (*Limited voluntary control*)

- Bladder: approximately 3 to 6 times per week or more
- Bowel: approximately 2 to 3 times per week or more

Total Incontinence (*No voluntary control*)

- Bladder: always
- Bowel: always

Based upon type and frequency of incontinence, and type of supplies requested, the Service Coordinator must determine the types of incontinence supplies, frequency, and amount to be authorized within the allowed limits or as medically necessary.

- Most children age 4-20 years will have their incontinence supply needs met within the ordinary limits of the Medicaid State Plan.
- A child age 4-20 years who has Frequent Incontinence or Total Incontinence may be approved for additional supplies based on medical necessity, frequency of incontinence, and reasonable actual utilization.
- Wipes and gloves may only be authorized for meeting incontinence needs of the child, and not for general hygiene or other purposes
- A child age 4-20 years who has an ostomy/indwelling catheter or who uses external catheters may be authorized for diapers, briefs, or incontinence pads based on actual need and utilization.

Justification of need for diapers, briefs, or incontinence pads must be clearly documented in the child's Support Plan (e.g. colostomy or indwelling catheter that leaks, accidents from inability to maintain sufficient routine external catheterizations, etc.). The amount and frequency of these supplies must also be specifically justified and documented in the Support Plan.

- A child age 4-20 years who has an ostomy/indwelling catheter or who uses external catheters requiring use of wipes, gloves, and underpads may be authorized for these based on actual need and utilization, even if diapers, briefs, or incontinence pads are not authorized. The need, amount, and frequency of these supplies must be specifically justified and documented in the participant's Support Plan.

- A child age 4-20 years who has a routine bowel program requiring use of wipes, gloves, and underpads may be authorized for these based on justified need and actual utilization, even if diapers or briefs are not authorized. The need, amount and frequency of these supplies must be specifically justified and documented in the child's Support Plan.

In order to exceed ordinary limits of the Medicaid State Plan for Incontinence Supplies for a HASCI Waiver participant age 4-20 years, prior approval must be obtained from the HASCI Division. A request with justification of medical necessity must be submitted to the HASCI Division by fax or e-mail.

Notification of approval or denial of the request by the HASCI Division will be made by fax or e-mail. Receipt of this notification must be documented in a Service Note and a copy of the fax or e-mail must be maintained in the participant's file.

Following the assessment and approval by the HASCI Division if required, to obtain Incontinence Supplies funded by Medicaid State Plan, the participant or representative must be offered choice of a provider. Offering of provider choice and the provider selected must be clearly documented in a Service Note.

After the provider of Incontinence Supplies is determined, the participant's Support Plan must be updated to clearly reflect the name of the service and payer; the types, amount, and frequency of incontinence supplies; the duration of the service; and provider type.

Because incontinence supplies for children funded solely by Medicaid State Plan is not a HASCI Waiver service, budget information is not entered into the Waiver Tracking System (WTS) and service information is not entered into the Service Tracking System (STS).

To initiate the service, authorization must be forwarded to the provider using *Authorization of Incontinence Supplies for Children* (HASCI Form 12-ISC). *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* A copy must be maintained in the participant's file.

Billing

The service must be Direct-billed to SCDHHS. This is indicated on the *Authorization of Incontinence Supplies for Children* (HASCI Form 12-ISC).

Monitorship:

Because incontinence supplies for children funded solely by Medicaid State Plan is not a HASCI Waiver service, it is addressed in routine Service Coordination monitoring during required bi-monthly contacts with the participant/representative and face-to-face visits with the participant at least every 180 days to monitor his or her Support Plan and health status.

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Service Notes. Information obtained during monitoring may lead to changes in authorized HASCI Waiver services, such as increased/decreased units or change of provider.

Service Denial, Reduction, Suspension, and Termination

If incontinence supplies for HASCI Waiver participant age 4-20 years funded by the Medicaid State Plan are denied or must be reduced, temporarily suspended, or indefinitely terminated, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated accordingly.